

U.S. Department of Justice
United States Marshals Service

FILED

IN CLERKS OFFICE

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America	COURT CASE NUMBER CR 12-10226-DJC
DEFENDANT Tamara Kosta, et al.	TYPE OF PROCESS Preliminary Order of Forfeiture

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN County of Washington Registry of Deeds
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 85 Court Street, P.O. Box 297, Machias, Maine 04654

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Doreen M. Rachal, Assistant U.S. Attorney
United States Attorney's Office
John Joseph Moakley United States Courthouse
1 Courthouse Way, Suite 9200
Boston, MA 02210

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

2014 SEP 15 P 2:07

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Please record the attached Preliminary Order of Forfeiture with the above-referenced entity.
CATS 12-FBI-007771

JLJ x 3297

Signature of Attorney or Other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(617) 748-3100

DATE

9/12/14

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 255	District to Serve No. 36	Signature of Authorized USMS Deputy or Clerk	Date 9/15/14
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 10/6/14 Time 9:00 am ☒ am ☐ pm

Signature of U.S. Marshal or Deputy

Sean Egan, USM

Service Fee 65	Total Mileage Charges including endeavors 246.40	Forwarding Fee	Total Charges 311.40	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00 311.40
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REMARKS:

1 Dism - 8 hrs
Miles 220 440
FWD to D/MC 9/15/14

SDIS
(34)

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED